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ABSTRACT

The purpose of this study was to explore the sexual conduct of troubled clergy toward age-inappropriate individuals. Study participants were males who had sought residential treatment at Southdown, a Canadian institution which assists clergy and other religious professionals in dealing with spiritual, emotional, and psychological issues in their own lives in ministry. The vast majority of those served came from the Roman Catholic tradition. Sexual behavior with "Age-inappropriate" individuals was operationally defined as sexual behavior with those 19 years of age or under. Every file of 1,322 resident males was searched for sexual activity with age-inappropriate individuals. Four groups of 111 members each were generated: age inappropriate sexual activity; homosexual activity; heterosexual activity; and bisexual activity. The results of the study indicated: (1) the prevalence of age-inappropriate sexual activity in the general population of priests and clergy may be relatively low; (2) those individuals who do undertake age-inappropriate sexual activity do so relatively often, with no obvious signs of neurotic symptomatology and with tranquil passivity; (3) the age-inappropriate group was clearly distinct from the adult homosexually active group; (4) all groups were significantly distinct on the basis of masculinity and femininity ratios on two of five factors; and (5) the age-inappropriate group was the lowest on both masculinity and femininity factors. (ABL)

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Child Sexual Abuse Among Troubled Clergy:

A Descriptive Summary

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The purpose of this study was to explore the sexual conduct of troubled clergy toward age-inappropriate individuals. Obtaining the frequency of such activity and defining the general characteristics of this specific group was the initial focus. A second focus tried to delineate any unique characteristics in this group, that is, any characteristics that might distinguish it from a representative sample of referred clergy and religious without such age-inappropriate activity.

METHOD

Setting

Southdown is a Canadian institution founded in 1966 to assist clergy and other religious professionals deal with spiritual, emotional, and psychological issues in their own lives in ministry. The original mandate of the institution focused exclusively on issues of alcohol and drug misuse among male clergy and religious; it has greatly expanded over the years to include both female and male residents with a wide variety of presenting issues no longer exclusively related to chemical abuse.

Since its founding in 1966, the Roman Catholic dioceses and religious communities of Canada have provided generous support, although the institution is now broadly ecumenical and is owned and operated by an independent, largely lay, Board of Directors. There is no direct accountability to the Roman Catholic church or any other religious body, although the vast majority of those served still come from the Roman Catholic tradition.

Today, Southdown is associated with the Ontario Hospital Association, the Catholic Health and Hospital Association of Canada, and employs licensed psychiatrists, registered psychologists, certified mental health specialists, a nursing staff, registered physical therapists, spiritual counselors, and other auxiliary therapists. The residential program, consisting of approximately 20 male and 20 female members, now serves clergy and religious professionals from throughout the English-speaking world.

Subjects

The focus of this 26 year retrospective study was the entire population of males who sought residential care at Southdown from its inception through March 1, 1991. During the original sampling, this total population was 1,322 males.

Measures

The variables for this study are summarized in Table 1.

Insert Table 1 here

Dependent or Criterion Variable. The major criterion variable was sexual object choice, operationally defined as explicit sexual activity. Sexual behaviour with "Age-inappropriate" individuals was operationally defined as sexual activity with those 19 years of age or under. The DSM-III-R object choice criterion for "pedophile"--13 years old or under--was also used in preliminary frequency data gathering, although formal data analyses used the broader age range of 19 years or younger. This variable defined the distinction between the groups studied, with the age-inappropriate or the AI group being the principal focus.

Independent Variables. Eight variables assessed general demographic and identifying data; 5 variables examined situational and contextual factors specifically related to the sexual activity of the AI group; and 5 examined family history, family and sibling structures, and sibling size. Fifteen personality factors were examined through 2 cluster groupings and 13 personality trait descriptors. WAIS IQ scores and the Clinical, Validity, and Ego strength and Anxiety scales of the MMPI were also computed when available. The final variable was a 3-factor composite Treatment Outcome measure.

Sampling Procedures

The original file review was undertaken between March and September of 1991. Every file of the 1,322 resident males was searched for sexual activity with age-inappropriate

individuals. After the age-inappropriate sample (AI Group) was obtained, equal numbers of residents who had no such activity were selected, the file chosen immediately after the AI resident had been selected. After this group was generated, then same size groups of residents, selected on the basis of exclusive adult heterosexual activity, and exclusive adult homosexual activity were obtained. The result was an original study sample of 4 groups of 111 residents each.

A second sampling of the files was undertaken between November 1991 through May 1992 to include the complete subject pool of residents who, from September 1977 to March 1, 1991, had adult, age appropriate, homosexual, heterosexual, or bisexual activity, and had not already been included in the original sampling procedure. AI residents originally missed. due to missing files, were also added. This expanded the study base by 105. Table 2 summarizes the study sample structures.

Insert Table 2 here

Statistical Procedures

All the database development and statistical analyses were generated on an IBM PC. Model 70 386. The Three Volume Statistica package published by StatSoft, Inc. was utilized exclusively.

Frequency distributions were compiled for the primary group of this study, residents who were involved in age-inappropriate sexual activity. Then Chi-square analyses (with unknowns excluded) were computed on the group comparisons of categorical data. Log linear analyses were also undertaken to eliminate the possibilities of complex variable interactions. None were found. Test data and data such as intake age, treatment outcome, and sibsize, were analyzed with One way ANOVA designs (across sexual object choice groupings), and significant Main effects were then subjected to post-hoc Tukey HSD difference comparisons. Multivariate analyses such as factor, multiple regression, logistic regression, discriminant, and cluster analyses were also undertaken with relevant data. The results are beyond the scope of this presentation and will be presented at a later date.

RESULTS

Insert Table 3 here

Frequency and Descriptive Data on the AI Group

The exhaustive file review yielded a frequency of age-inappropriate sexual activity of 2.7% (36 residents) of the total sample, using the DSM-III-R age criterion for pedophile (13 yrs. or under). The age cutoff of 19 years or under, represented a prevalence level of 8.4% (111 residents) of the total population. This prevalence rate was lower than that of heterosexual and homosexual adult activity, as highlighted in Table 3. Table 4 gives the detailed breakdown of the categories that made up the distribution of age-inappropriate individuals. It should be noted that about half of the AI group was also involved in adult, age-appropriate activity.

Insert Table 4 here

Analyses of the distribution of AI residents across the independent variables yielded the following profile of the modal or "typical" age-inappropriate sexuality resident: (Insert Figures 1 - 11 during the narrative)

The typical (modal) AI resident was found to be over 49 years old (Fig. 1); middle class (Fig. 2); and with over 15 years of religious life on initial contact (Fig. 3). He typically comes from a fairly large urban setting (Fig. 4); is a diocesan priest (Fig. 5) doing parish work (Fig. 6); and has no chronic history of alcohol or mental illness (Fig. 7). The typical resident involved in AI sexual activity was likely to have been referred from either Ontario, the U.S. Northeast, or the Atlantic Provinces (Fig. 8); and to have had frequent (4+) sexual contact (Fig. 9), without being under the influence of alcohol (Fig. 10). The modal personality type was one of passivity and shy loneliness (Fig. 11).

Comparison Data

The AI group was then contrasted with the control group; the four group sexual object choice original 444 S sample; and the 5 group, 549 S expanded sample. Results are presented on Table 5.(Unless stated otherwise,significant findings are at least at the $P < .05$ level.)

Insert Table 5 here

The most striking finding is, in fact, the lack of significant differences across groups on most of the family and demographic variables. Only Socio-economic status initially differentiated the groups, but even this difference disappeared in the largest and most representative sample (N = 549). Table 5 shows that the most powerful categorical variable findings relate to religious affiliation and related nature of work. Diocesan priests are, compared to religious order Fathers or Brothers, significantly more represented in the AI group.

The most important personality factors are passivity vs. anger, with the AI group loading high on passivity and low on anger.

The MMPI findings are robust and highly consistent. The AI group, with great consistency across comparison groups, are less anxious, less introverted, and less obsessive than any of the other groups. They also have greater Ego Strength. In addition, they are also far less "feminine" than their homosexually active counterparts (based on the Mf scale). The following MMPI figures will highlight these findings.

Insert Figures 12 & 13 here

The figures also highlight the relative lack of neurotic symptomatology of this AI group. Note the higher Ego strength score as well.

Treatment Outcome

The study-devised 3-factor composite measure, based on therapists' opinions, yielded differences across the comparison groups that approached significance ($p < .07$). The AI group was perceived to have responded best to treatment, followed by the homosexual adult activity group. Below average levels of success were noted for the heterosexual and the bisexual groups. These are depicted in the following figure.

Insert Figure 14 here

CONCLUSIONS

1. Based on the current 2.7% and 8.4% prevalence estimates of age-inappropriate sexual activity, and given the fact that Southdown is a setting for clergy who may have been referred for specific psycho-sexual difficulties, the prevalence of such sexuality in the general population of priests and clergy may be relatively low. It appears that the breadth of the problem of age-inappropriate sexual activity among clergy may not be quite as extensive as currently publicized; but any violations of trust among the clergy remain a significant issue.

2. Those individuals who do undertake age-inappropriate sexual activity do so relatively often, with no obvious signs of neurotic symptomatology, and with a tranquil passivity. Therefore, intervention of a treatment and management nature is likely to be necessarily difficult.

3. The study results reveal the AI group to be clearly distinct from the adult homosexually active group.

4. The factor analysis procedure revealed two additional, and unexpected findings: 1. All study groups were significantly distinct on the basis of masculinity and femininity ratios on two of the five factors; 2. The AI group was the lowest on both masculinity and femininity factors. We are currently pursuing the implications of those findings.

REFERENCES

StatSoft Inc., (1991). CSS: Statistica Vols 1-3. Tulsa: Author

TABLE 1

SUMMARY OF STUDY VARIABLES EXAMINED IN THE RETROSPECTIVE STUDY

DEPENDENT VARIABLE: Sexual Object Choice. The object of explicit sexual activity by members of the study

Categories of Analysis:

1. Age-inappropriate Individual (AI Group); 19 yrs or younger. Sexual Acts
2. Non-specific, non-specified sexual activity (Control Group); also no sexual acts
3. Homosexual adults (Hom. Group); exclusively adult, and same gender acts
4. Heterosexual adults (Het. Group); exclusively adult, and opposite gender acts
5. Bisexual adults (Bsx. Group); exclusively adult, with varying levels of mix of gender involvement behaviourally

INDEPENDENT VARIABLES:

General Demographics and Identifying Data

Categories:

1. Admission Data categories
2. Geographical base of referral
3. Ethnicity
4. Socio-Economic Status
5. Size of Referral Home Population
6. Nature of Work
7. Religious Affiliation
8. Age on Intake

Situational/Context Factors (for AI Group only)

Categories:

1. Age of admitted first involvement
2. Frequency of contact/activity
3. Alcohol/drug presence
4. Nature of sexual activities
5. Years of clergy life at time of first activity

Family History/Structure/Style

Categories:

1. Upbringing role and death/divorce disruptions
2. Parental authority style
3. Family medical history
4. Sibling structure
5. Sibling size (ie. no. of siblings, including self)

TABLE 1 (Page 2)

SUMMARY OF STUDY VARIABLES EXAMINED IN THE RETROSPECTIVE STUDY

Personality Descriptors and Related Clusters

1. Cluster Group I: Tense, Sensitive/Impulsive, Angry, Passive/Shy, Tense/Angry, Rest

2. Cluster Group II: Angry, Impulsive, Passive, Tense, Rest

Specific Descriptors

3. Angry
4. Tense
5. Passive/Dependent
6. Loner
7. Shy/Introverted
8. Sensitive
9. Impulsive
10. Intellectualizing
11. Obsessive
12. Clumsy
13. Friendly
14. Rigid
15. Effeminate

Test Data: IQ

1. FSIQ
2. VIQ
3. PIQ
4. VIQ-PIQ

MMPI Test Data

1. L scale
2. F scale
3. K scale
4. Hs scale: Hypochondriasis
5. D scale: Depression
6. Hy scale: Hysteria
7. Pd scale: Psychopathic Deviate
8. Mf scale: Masculinity/femininity
9. Pa scale: Paranoia
10. Pt scale: Psychasthenia
11. Sc scale: Schizophrenia
12. Ma scale: Mania
13. Si scale: Social Introversion
14. Es scale: Ego Strength
15. A scale: Anxiety

Other Variables

1. Treatment Outcome

TABLE 2

STUDY SAMPLES

Original Sample

AI[1]	NON-SEX (Controls)	Hom.[2]	Het.[3]	Bsx[4]	Total Sample
111	111	111	111	---	444

Expanded Sample

						Total Sample	
Original:	111	111	111	111	---	Original:	444
New Sampling[5]:	6	29	10	22	38	New:	105
Expanded Sample:	117	140	121	133	38		549

[1]Residents with Age-inappropriate sexual activity

[2]Same gender adult sexual activity

[3]Opposite gender adult sexual activity

[4]Bisexual adult activity

[5]A new sampling was undertaken to enhance the sampling of records from 1978-1988, which were not sufficiently sampled in the original group. The expanded sampling provided the total number of Control (non-sex), Hom., Het., and Bsx residents from September 1977 to March 1, 1991.

TABLE 3

COMPLETE DISTRIBUTION OF MALE SOUTHDOWN RESIDENTS
WITH REGARD TO SEXUAL DIFFICULTIES

(N = 1,322)

STATUS OF RESIDENTS:	NO OVERT PROBLEMS[3]		CELIBACY PROBLEMS EXCLUSIVELY: WITH MEN		WITH WOMEN		BOTH[4]		ANY CHILD SEXUAL ACTIVITY	
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
All Recent Residents[1]: (N = 119)	45	(37.8)	23	(19.3)	19	(16.0)	4	(3.3)	28	(23.6)
Less Recent Residents[2]: (N = 1,203)	763	(63.4)	119	(9.9)	195	(16.2)	43	(3.6)	83	(6.9)
GRANDS TOTALS: (N = 1,322)	808	(61.1)	142	(10.7)	214	(16.2)	47	(3.6)	111	(8.4)

[1]Those admitted as of March 1, 1991 or those admitted since Sept. 1, 1987-Mar. 1, 1991

[2]All male admissions before Sept. 1, 1987, over 22+ year time span

[3]This group includes those with sexual concerns or preoccupations as well, but without sexual activity towards others

[4]ie. bisexual activity

TABLE 4

DETAILED BREAKDOWN OF SEXUAL ABUSE VICTIM CHARACTERISTICS
AND CORRESPONDING SEXUAL PREFERENCES OF ABUSING MALE RESIDENTS
TREATED AT SOUTHDOWN OVER THE LAST TWENTY-FIVE YEARS
(N = 111)

RESIDENTS' OBJECT CHOICE AND SEXUAL ACTIVITY PREFERENCES

TOTALS BY AGE CATEGORY	VICTIMS IDENTIFIED AS:	SEXUAL ABUSE OF MINORS (≤ 19 YRS.) EXCLUSIVELY[1] CHILDREN	NON-EXCLUSIVE: AND -- ADULT HETEROSEXUAL ACTS	ADULT HOMOSEXUAL ACTS	BOTH
	BOYS ONLY:				
30[2]	≤ 13 yrs. old; "young"; "child"	14	2	11	3
13	14, 15 yrs. old	3	5	3	2
19	16-19 yrs. old	7	4	6	2
32	"adolescent", "teenage"	19	1	8	4
4	"minor, youngster"	3	-	1	-
98	= TOTAL BOYS ONLY	46	12	29	11
	GIRLS ONLY:				
5[2]	≤ 13 yrs. old; "young"; "child"	3	2	-	-
2	14, 15 yrs. old	-	1	-	1
2	16-19 yrs. old	2	-	-	-
-	"adolescent", "teenage"	-	-	-	-
-	"youngster", "minor"	-	-	-	-
9	= TOTAL GIRLS ONLY	5	3	-	1
	BOTH BOYS AND GIRLS:				
1[2]	≤ 13 yrs. old, children	1	-	-	-
1	"adolescents", "teenagers", "minors"	-	1	-	-
0	14-19 yr. olds	-	-	-	-
2	{children and adolescents 13-19 yr. olds	2	-	-	-
4	= TOTAL BOY AND GIRL VICTIMS	3	1	0	0
111		54	16	29	12

[1]Using DSM-III-R terminology for "exclusive" -- ie. only non-adults

[2]Using DSM-III-R terminology for pedophilia, the total number of "psychiatric" pedophiles is 36 out of a possible 111 cases or 32.4%. This represents only 2.7% of the entire treatment population of Southdown over the last 25 years.

TABLE 5 (Page 1)

GLOBAL SUMMARY OF SIGNIFICANT FINDINGS WITH REGARD TO DIFFERENCES BETWEEN THE AI GROUP AND THE OTHER SEXUAL ACTIVITY GROUPS

	GROUPS COMPARED			NATURE OF GROUP DIFFERENCES
	AI vs. Control	Original	Expanded	
	2 groups	AI,Hom,Het	AI,Hom,Het	
	222 Ss	Control	Cont., Bsx	
	(CHI-SQUARE COMPARISONS WITH SIGNIFICANCE)			
STUDY VARIABLES				
Demographic				
1. SES	x	x		AI group more represented in lowest SES category.
2. Geographic location	x	x		Among AI group, 30% came from Ontario. In Atlantic Provinces 34% were in AI group.
3. Nature of work	x	x	x	AI and Het groups more loaded on parish duties.
4. Nature of Religious Affiliation	x	x	x	Diocesan priests higher represented in AI group (68%) than other groups (45-47%).
Personality				
5. Cluster: Passive vs Angry	x	x	x	AI group loaded higher in "passive" cluster and lower in "angry" cluster than other groups.

TABLE 5 (Page 2)

	GROUPS COMPARED			NATURE OF GROUP DIFFERENCES
	AI vs. Control	Original	Expanded	
	2 groups	AI,Hom,Het	AI,Hom,Het	
	222 Ss	Control	Cont., Bsx	
	(ANOVA F LEVELS SIGNIFICANT $p < .05$)			
Personality (cont'd)				
MMPI				
Hypochondriasis	x	x		AI group lower than others
Depression	x		x	AI group lower than others
Psychopathic Deviate	x	x		AI group lower than others
Masculinity/Femininity		x	x	Homosexual group higher than others
Psychasthenia	x	x	x	AI group lower than others
Social Introversion	x	x	x	AI group LOWER (ie. more extroverted) than others
Ego Strength		x	x	AI group HIGHER than others
Anxiety	x	x	x	AI group lower than others

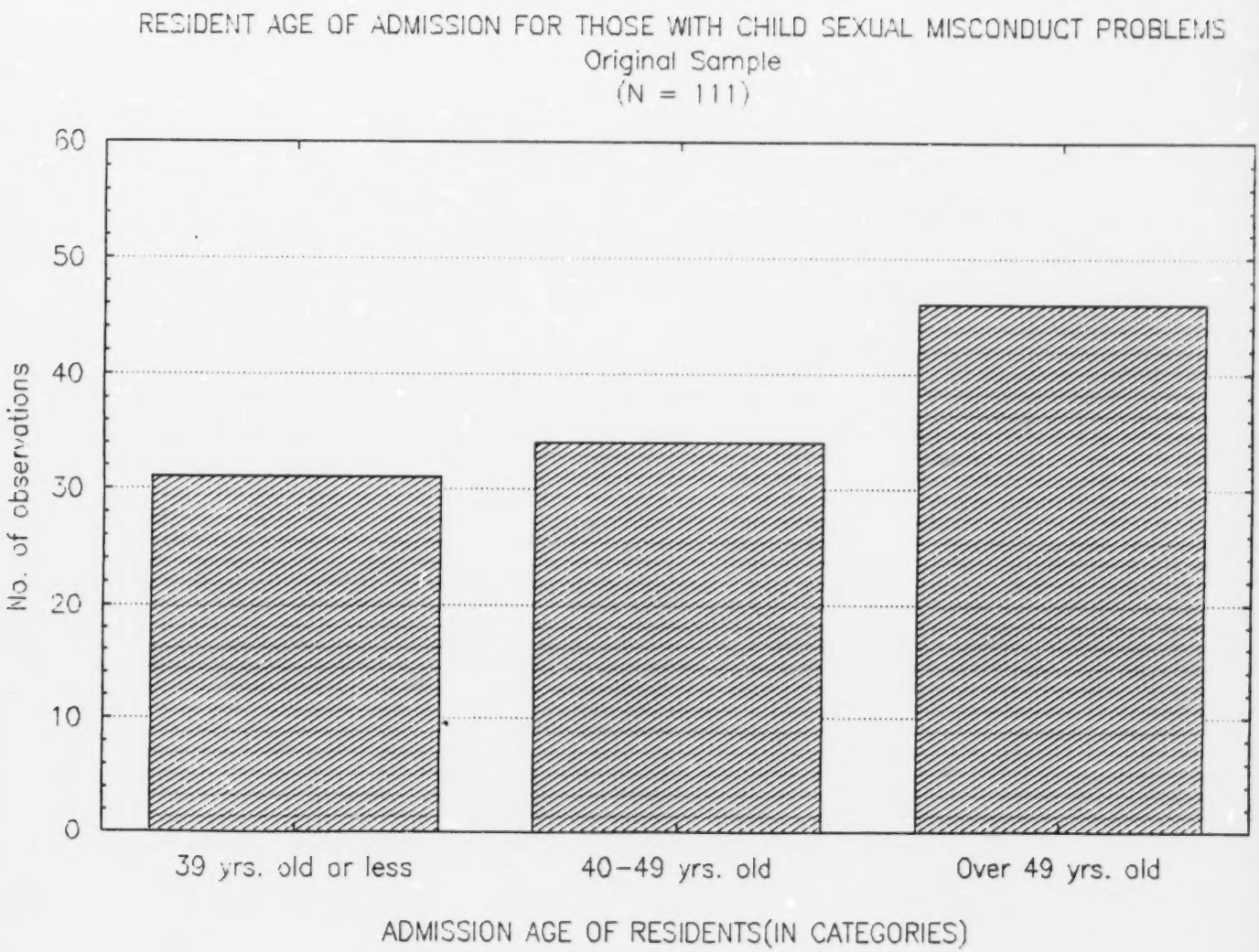
RESIDENT AGE OF ADMISSION FOR THOSE WITH CHILD SEXUAL MISCONDUCT PROBLEMS
Original Sample
(N = 111)
No. of observations
60
50
40
30
20
10
0
39 yrs. old or less
40-49 yrs. old
Over 49 yrs. old
ADMISSION AGE OF RESIDENTS(IN CATEGORIES)

Figure 1.

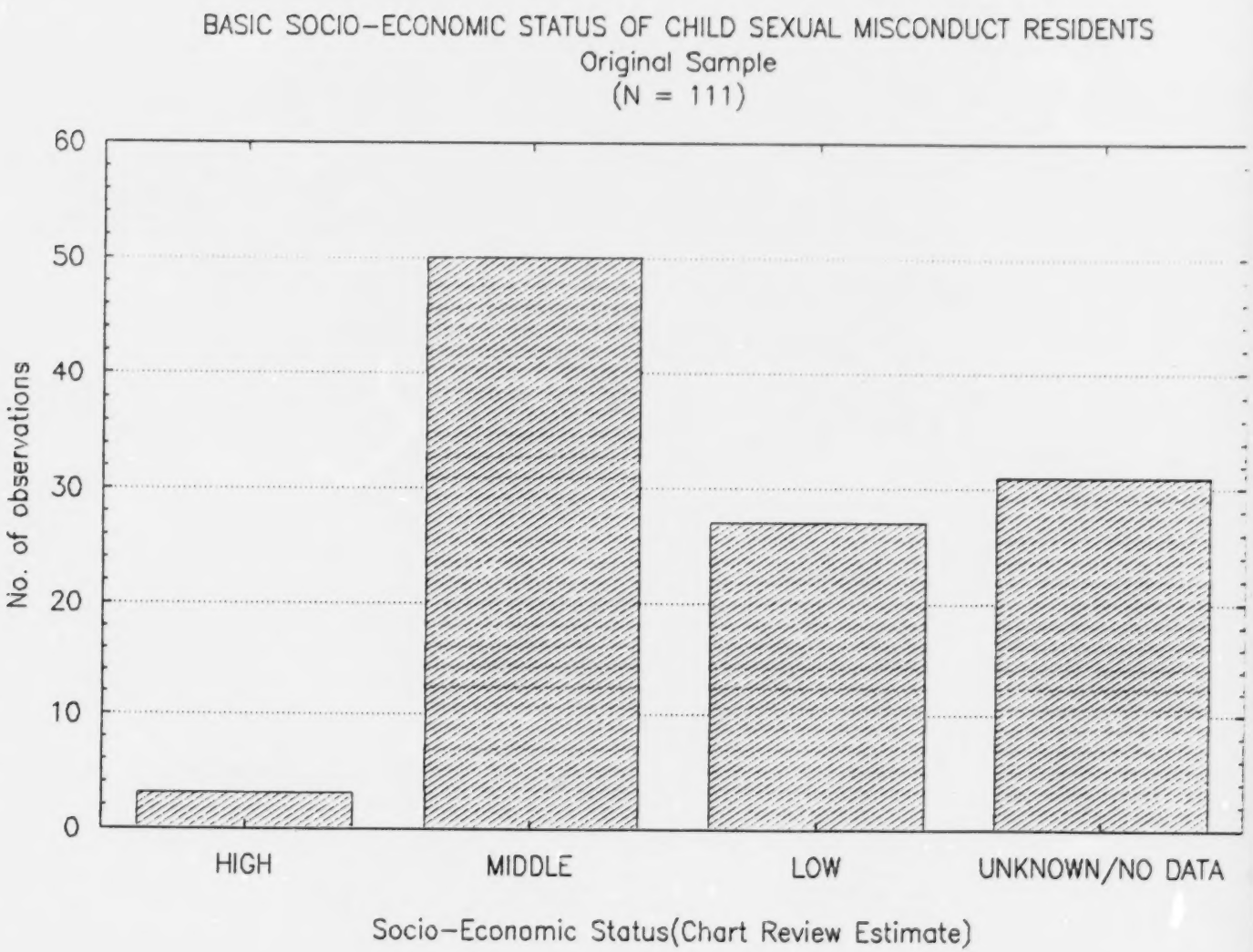
BASIC SOCIO-ECONOMIC STATUS OF CHILD SEXUAL MISCONDUCT RESIDENTS
Original Sample
(N = 111)
60
50
40
30
20
10
0
No. of observations
HIGH
MIDDLE
LOW
UNKNOWN/NO DATA
Socio-Economic Status(Chart Review Estimate)

Figure 2.

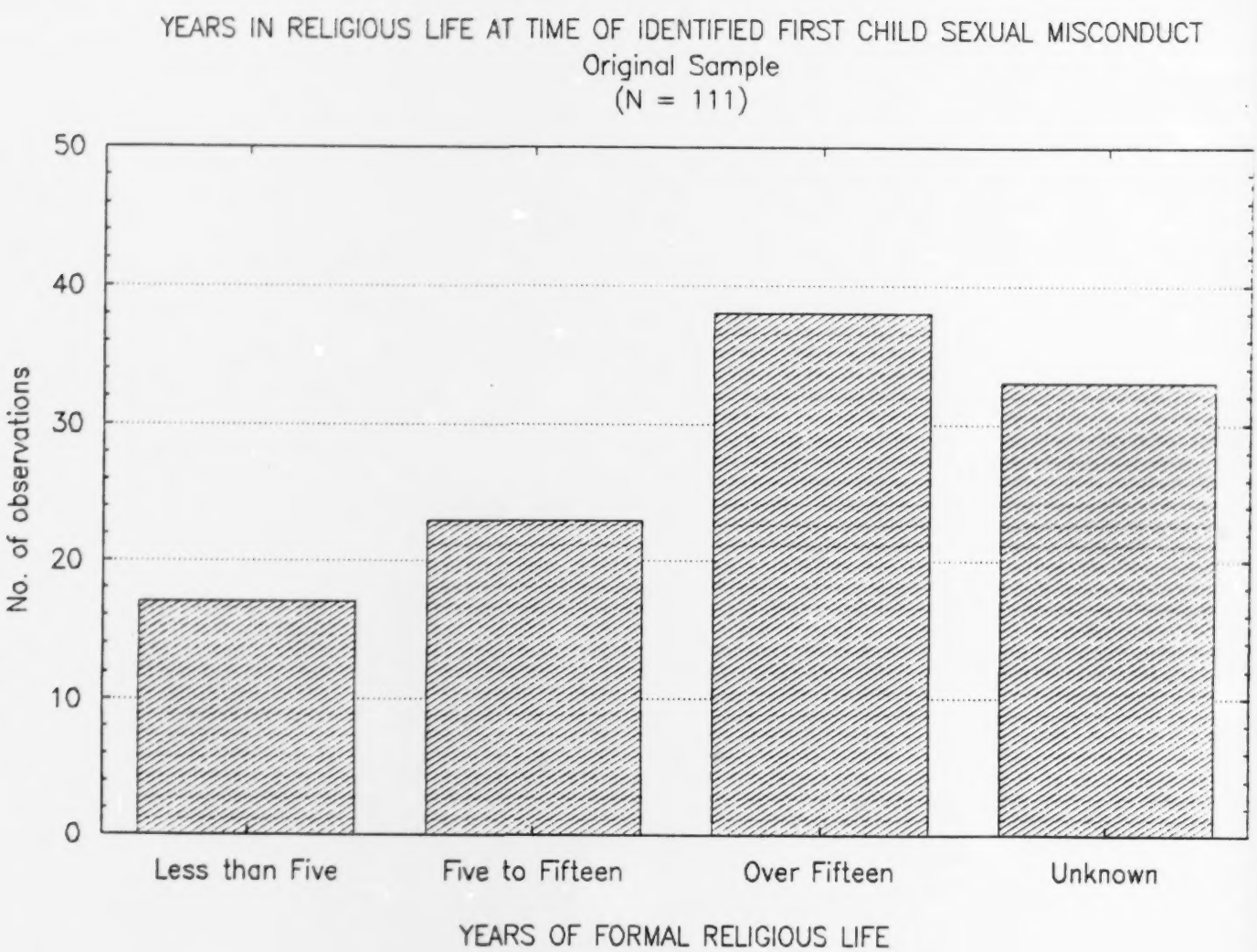
YEARS IN RELIGIOUS LIFE AT TIME OF IDENTIFIED FIRST CHILD SEXUAL MISCONDUCT
Original Sample
(N = 111)
50
40
30
20
10
0
No. of observations
Less than Five
Five to Fifteen
Over Fifteen
Unknown
YEARS OF FORMAL RELIGIOUS LIFE

Figure 3.

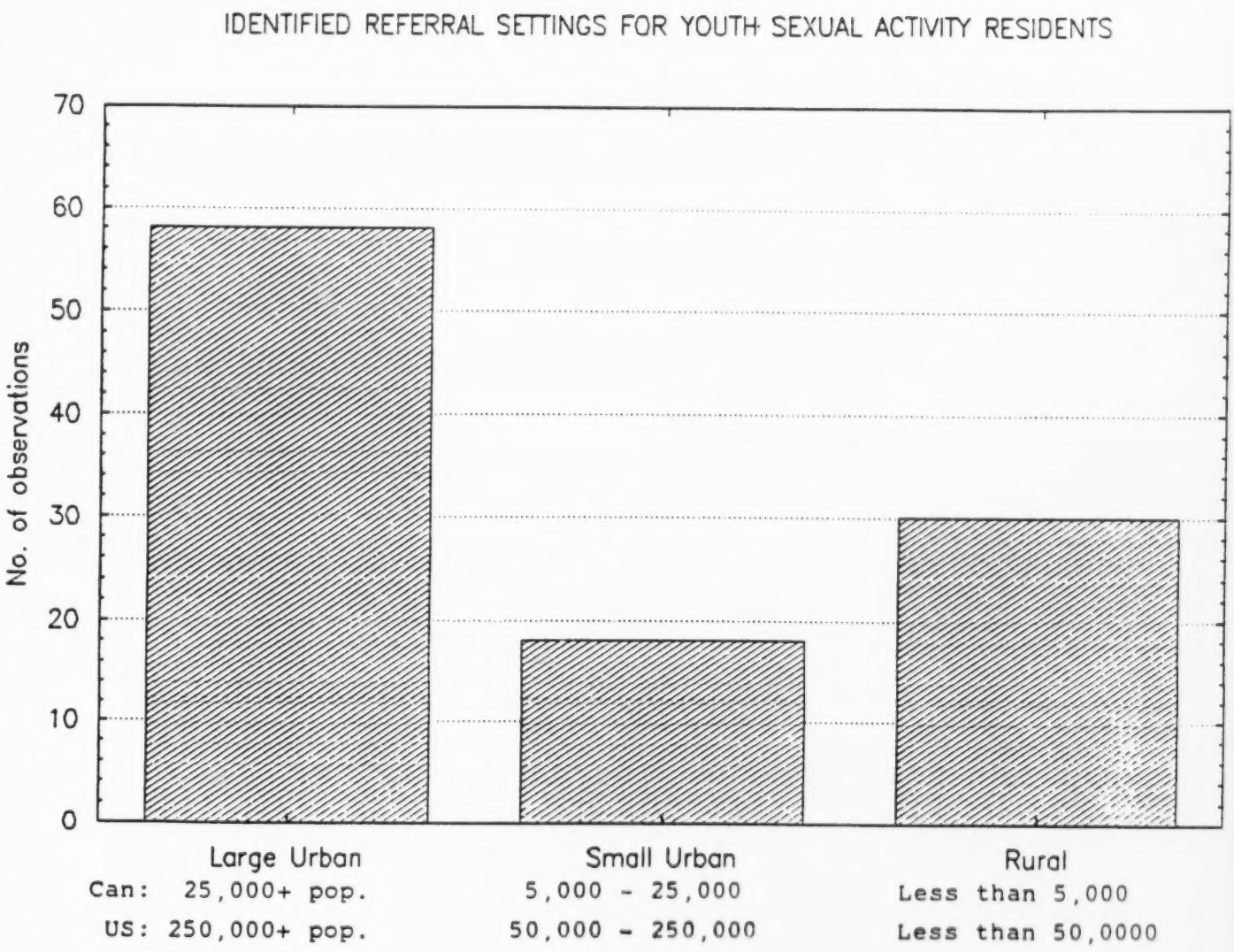
IDENTIFIED REFERRAL SETTINGS FOR YOUTH SEXUAL ACTIVITY RESIDENTS
No. of observations
70
60
50
40
30
20
10
0
Large Urban
Can: 25,000+ pop.
US: 250,000+ pop.
Small Urban
5,000 - 25,000
50,000 - 250,000
Rural
Less than 5,000
Less than 50,0000
Nature of the Setting

Figure 4.

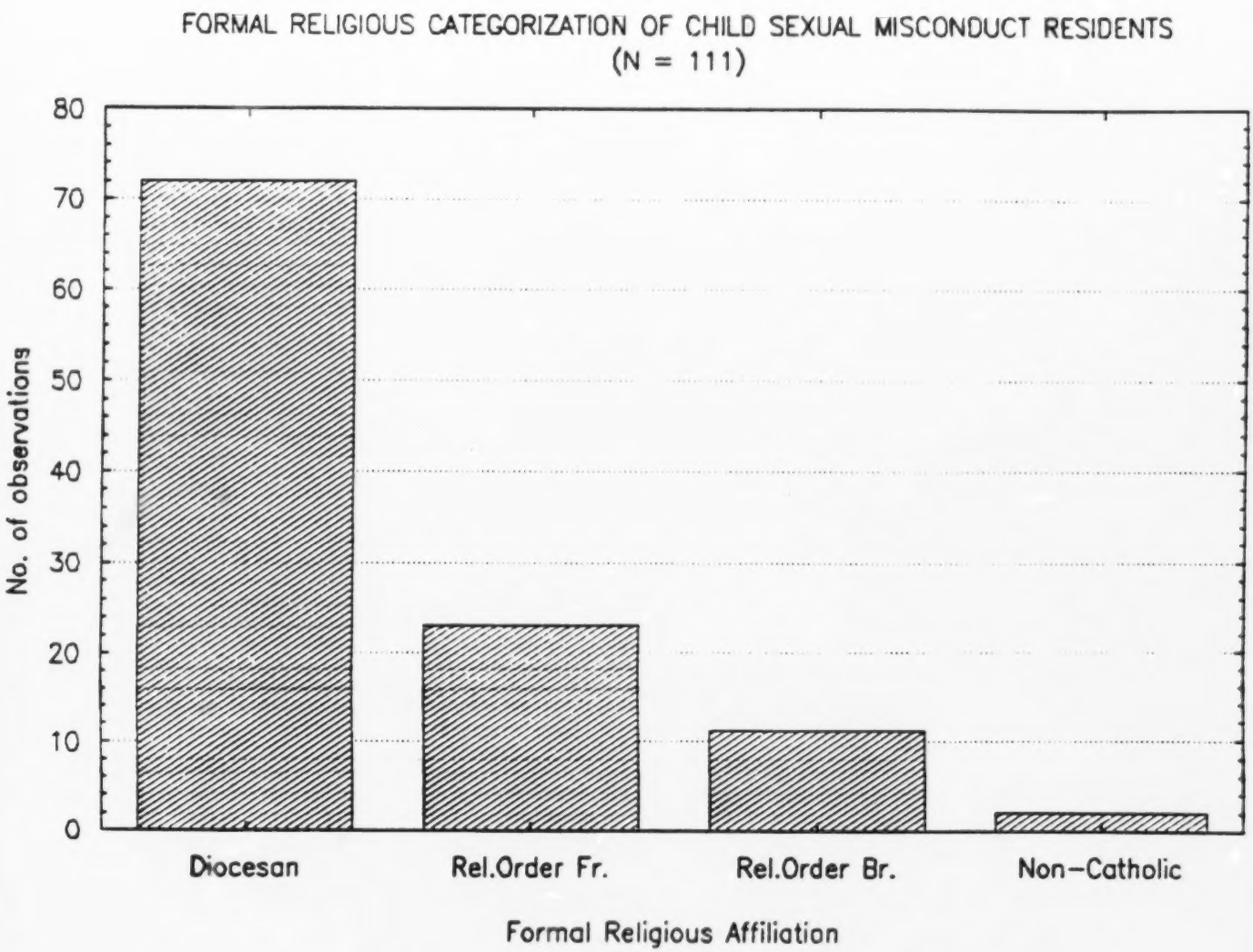
FORMAL RELIGIOUS CATEGORIZATION OF CHILD SEXUAL MISCONDUCT RESIDENTS
(N = 111)
80
70
60
50
40
30
20
10
0
No. of observations
Diocesan
Rel.Order Fr.
Rel.Order Br.
Non-Catholic
Formal Religious Affiliation

Figure 5.

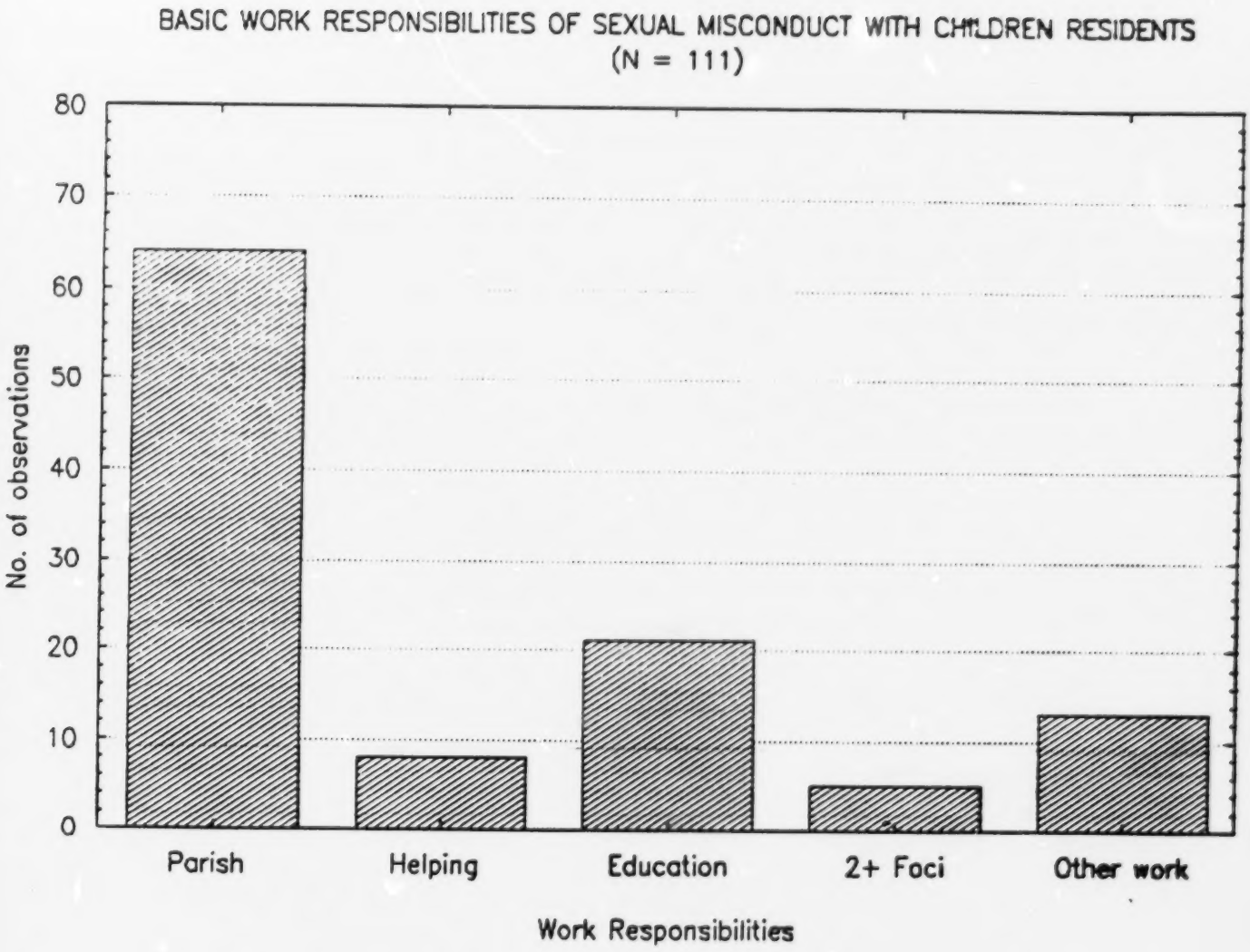
BASIC WORK RESPONSIBILITIES OF SEXUAL MISCONDUCT WITH CHILDREN RESIDENTS
(N = 111)
80
70
60
50
40
30
20
10
0
No. of observations
Parish
Helping
Education
2+ Foci
Other work
Work Responsibilities

Figure 6.

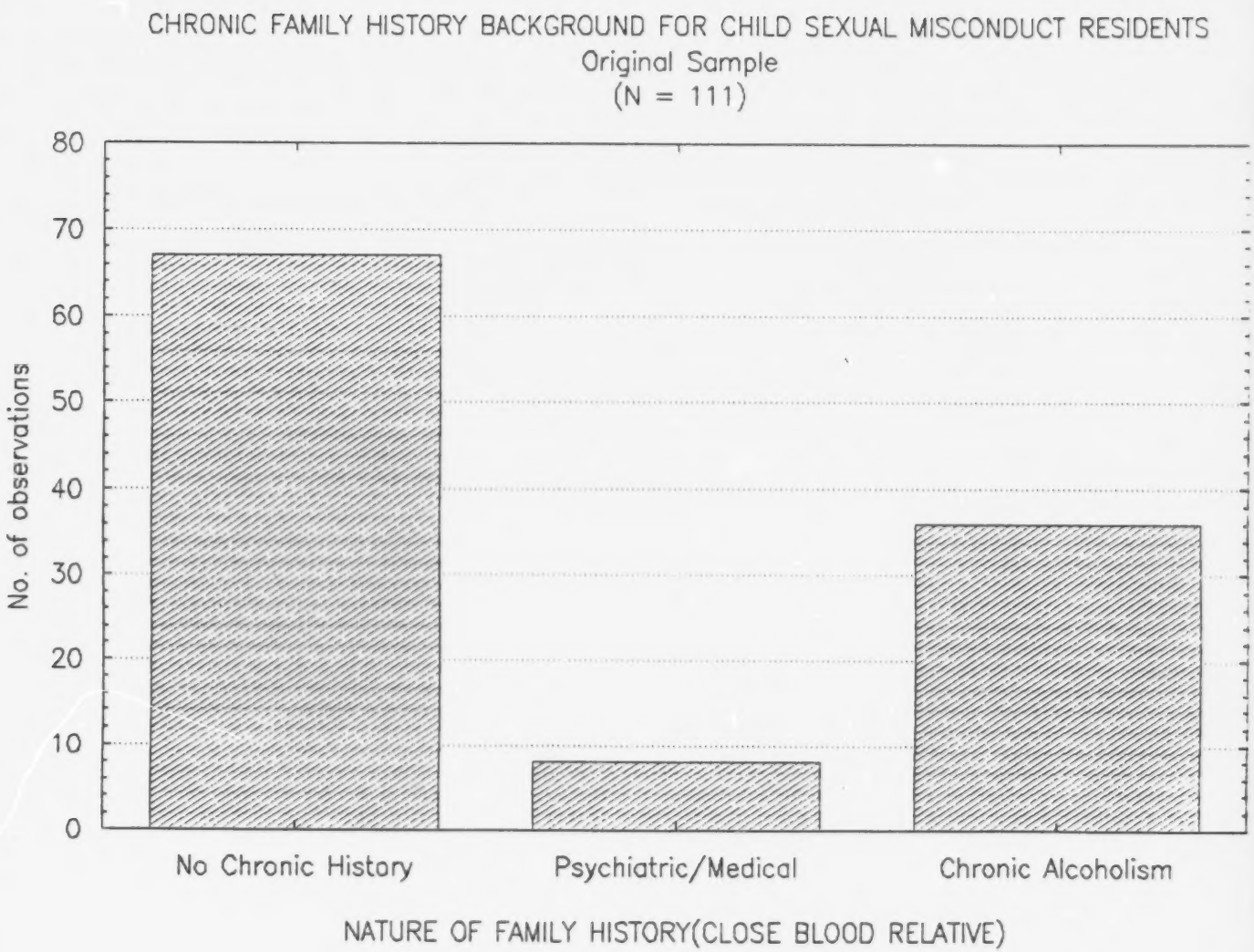
CHRONIC FAMILY HISTORY BACKGROUND FOR CHILD SEXUAL MISCONDUCT RESIDENTS
Original Sample
(N = 111)
No. of observations
80
70
60
50
40
30
20
10
0
No Chronic History
Psychiatric/Medical
Chronic Alcoholism
NATURE OF FAMILY HISTORY(CLOSE BLOOD RELATIVE)

Figure 7.

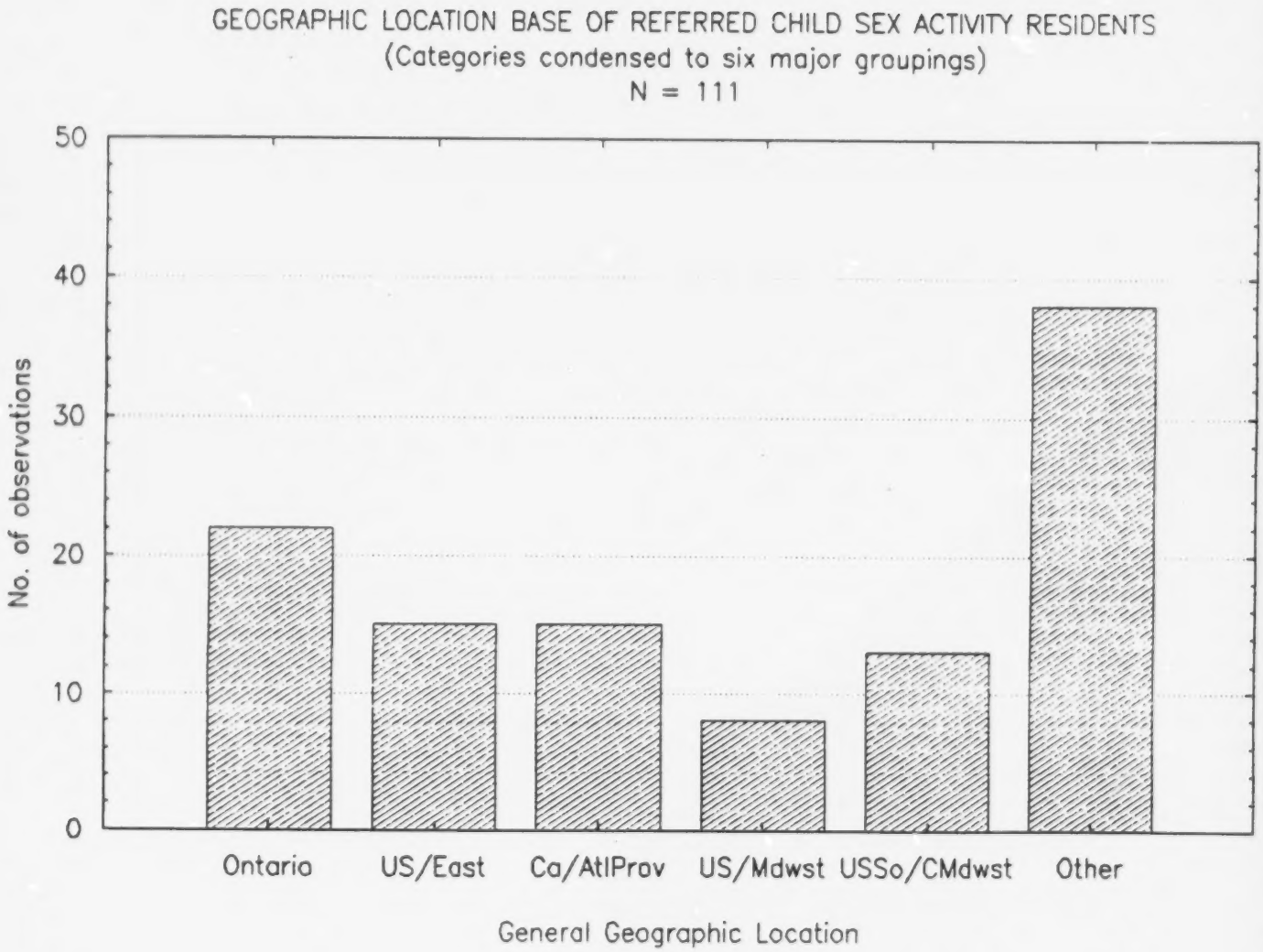
GEOGRAPHIC LOCATION BASE OF REFERRED CHILD SEX ACTIVITY RESIDENTS
(Categories condensed to six major groupings)
N = 111
No. of observations
50
40
30
20
10
0
Ontario
US/East
Ca/AtlProv
US/Mdwst
USSo/CMdwst
Other
General Geographic Location

Figure 8.

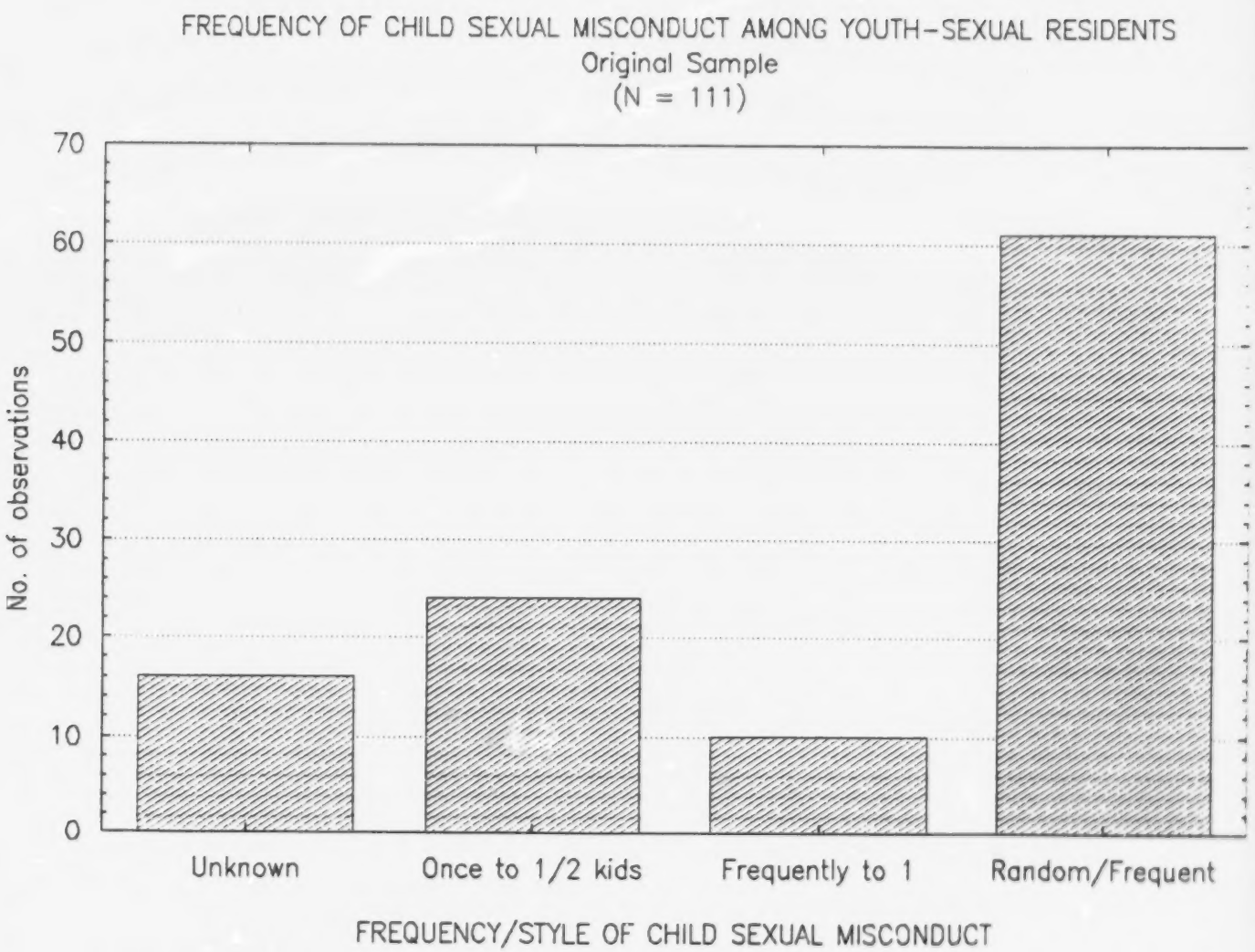
FREQUENCY OF CHILD SEXUAL MISCONDUCT AMONG YOUTH-SEXUAL RESIDENTS
Original Sample
(N = 111)
No. of observations
70
60
50
40
30
20
10
0
Unknown
Once to 1/2 kids
Frequently to 1
Random/Frequent
FREQUENCY/STYLE OF CHILD SEXUAL MISCONDUCT

Figure 9.

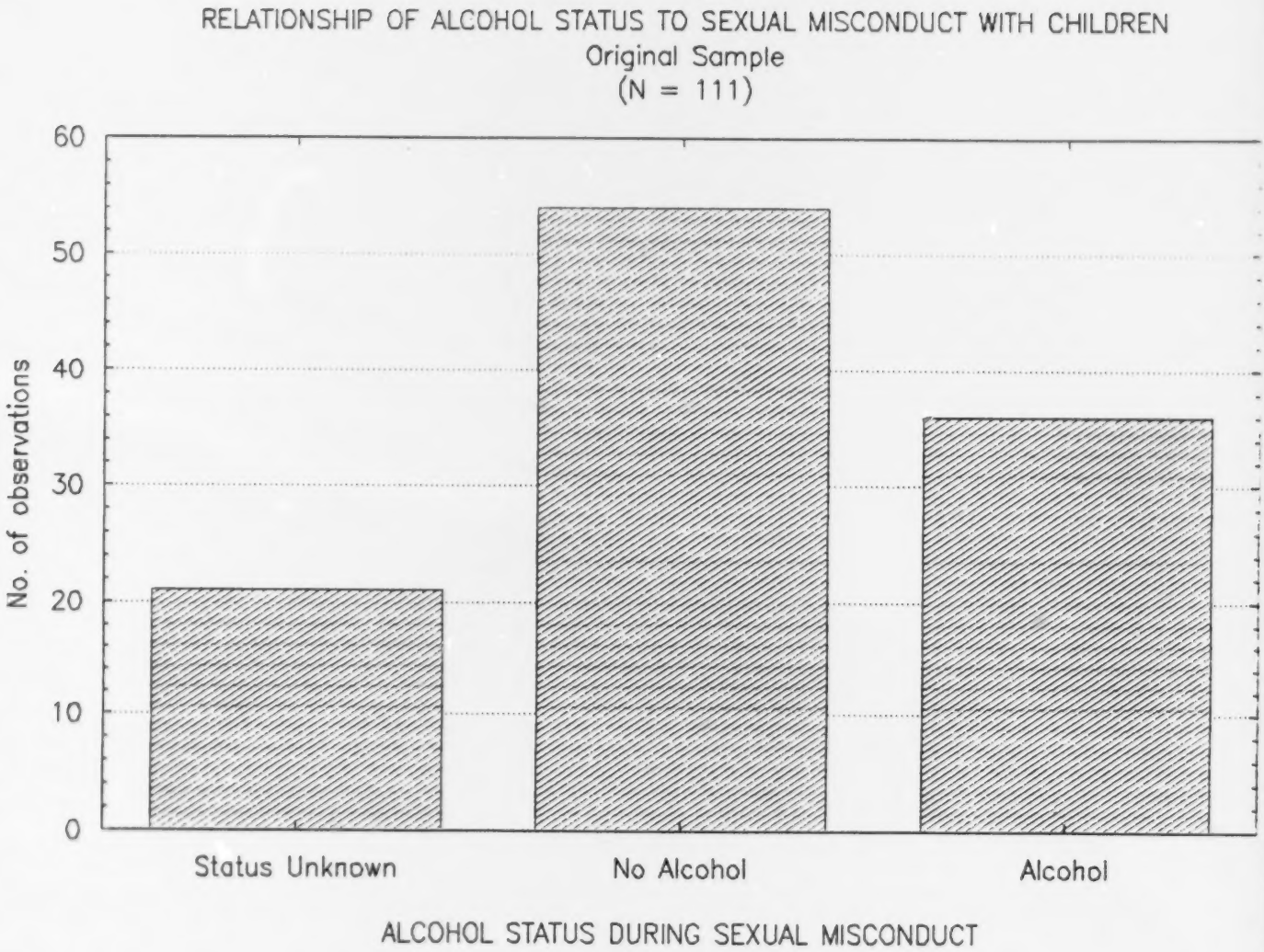
RELATIONSHIP OF ALCOHOL STATUS TO SEXUAL MISCONDUCT WITH CHILDREN
Original Sample
(N = 111)
60
50
40
30
20
10
0
No. of observations
Status Unknown
No Alcohol
Alcohol
ALCOHOL STATUS DURING SEXUAL MISCONDUCT

Figure 10.

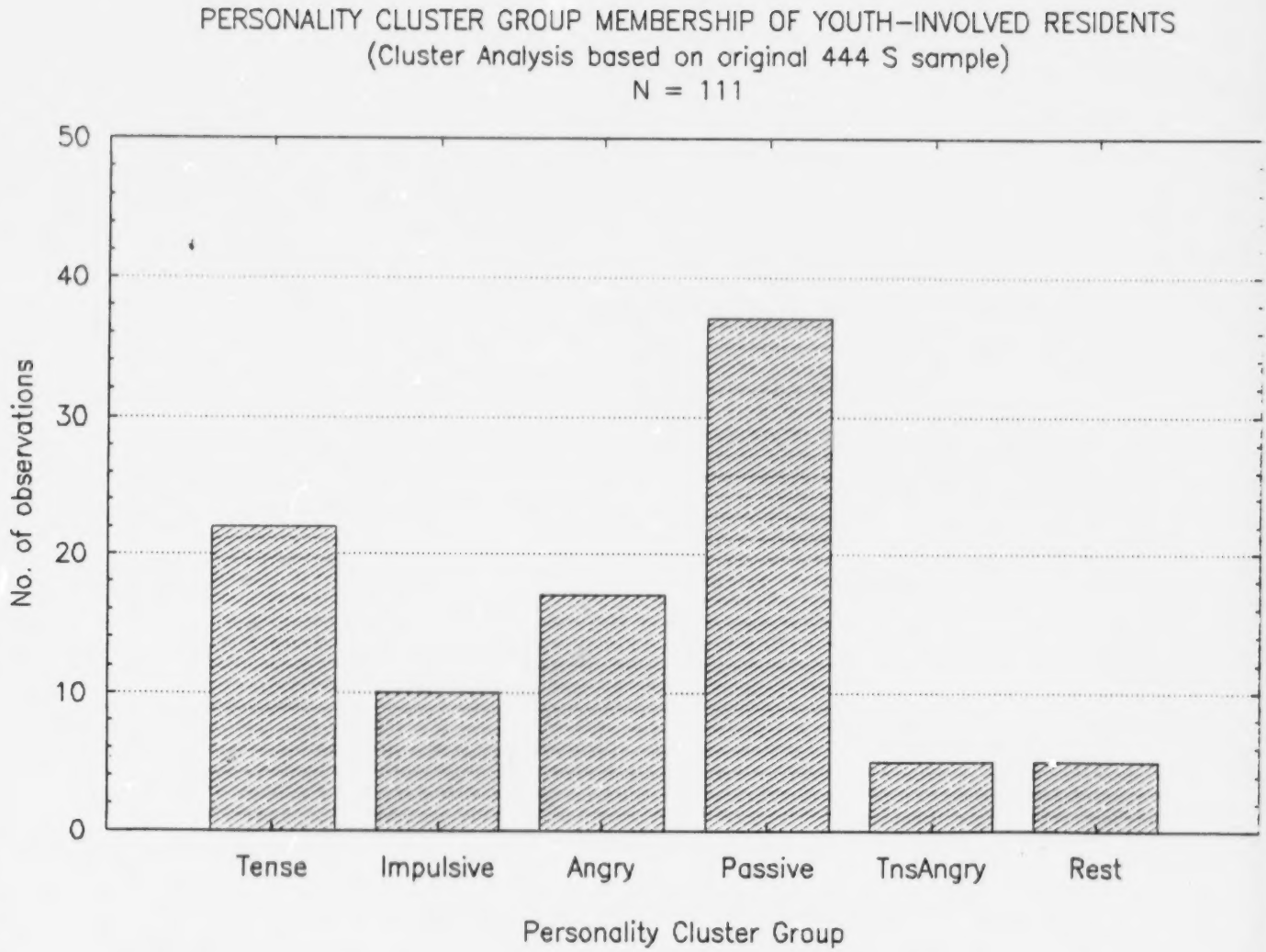
PERSONALITY CLUSTER GROUP MEMBERSHIP OF YOUTH-INVOLVED RESIDENTS
(Cluster Analysis based on original 444 S sample)
N = 111
No. of observations
50
40
30
20
10
0
Tense
Impulsive
Angry
Passive
TnsAngry
Rest
Personality Cluster Group

Figure 11.

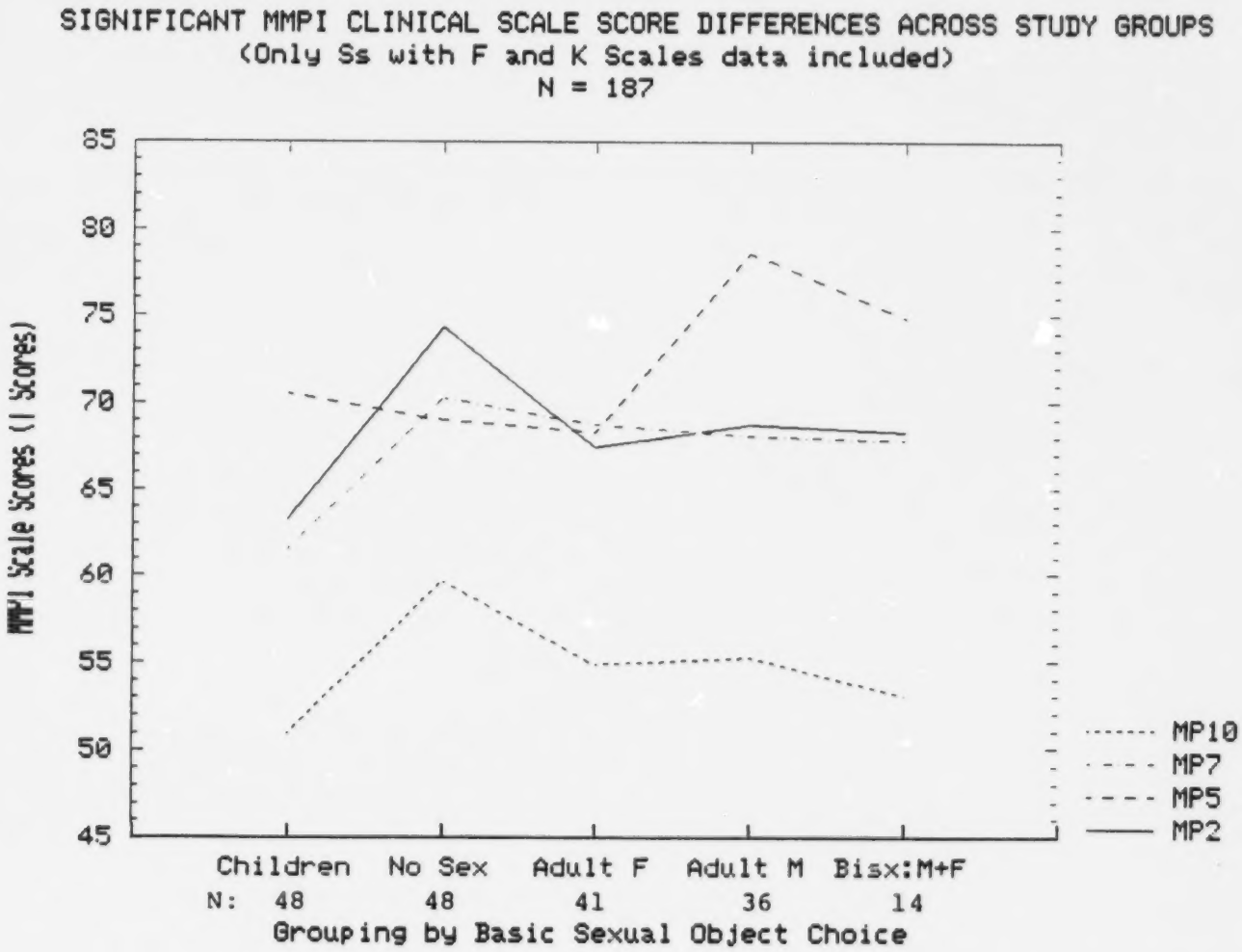
SIGNIFICANT MMPI CLINICAL SCALE SCORE DIFFERENCES ACROSS STUDY GROUPS
(Only Ss with F and K Scales data included)
N = 187
MMPI Scale Scores (T Scores)
85
80
75
70
65
60
55
50
45
Children
No Sex
Adult F
Adult M
Bisx:M+F
N: 48
48
41
36
14
Grouping by Basic Sexual Object Choice
MP10
MP7
MP5
MP2

Figure 12.

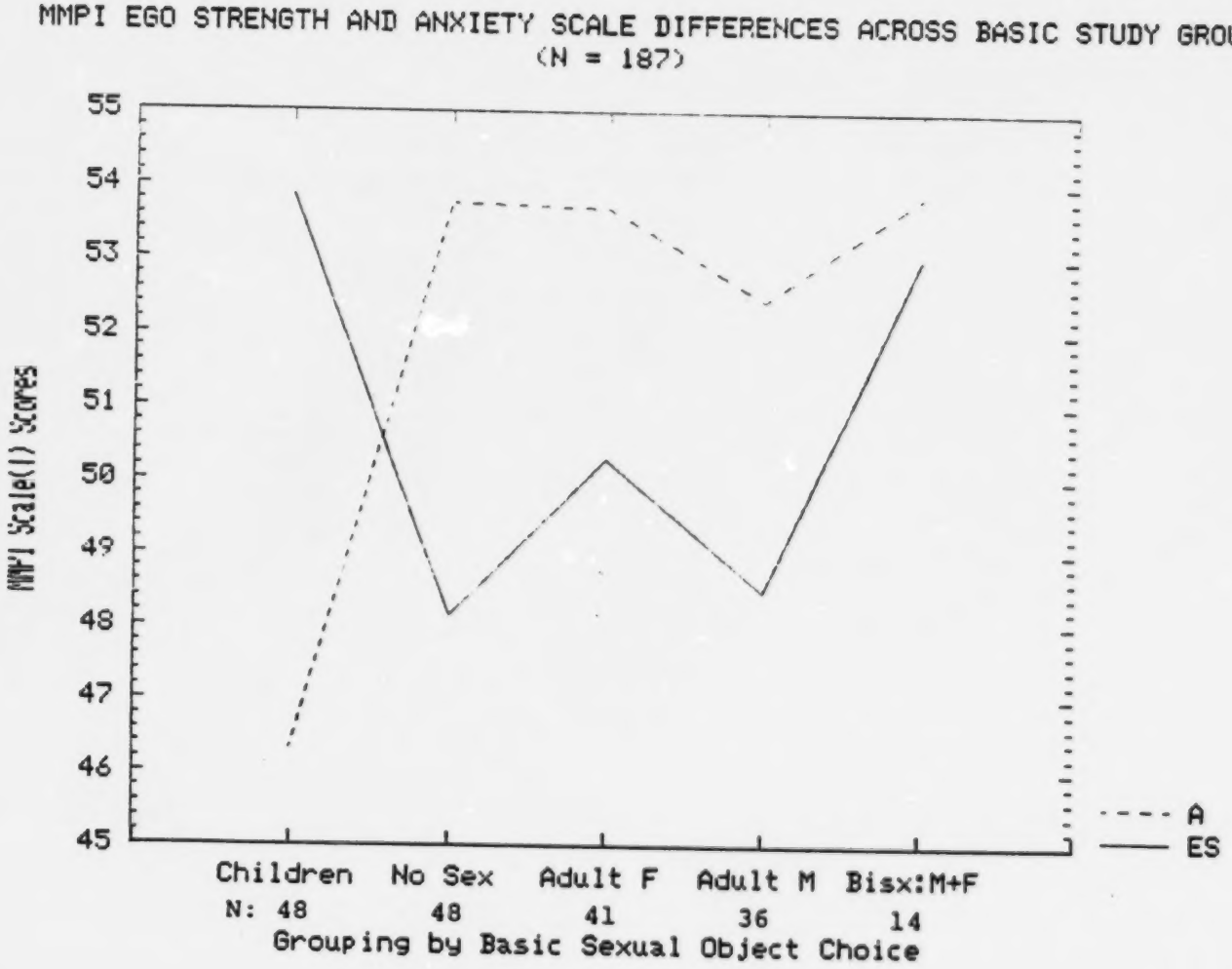
MMPI EGO STRENGTH AND ANXIETY SCALE DIFFERENCES ACROSS BASIC STUDY GROUPS
(N = 187)
MMPI Scale(1) Scores
55
54
53
52
51
50
49
48
47
46
45
A
ES
Children
No Sex
Adult F
Adult M
Bisx:M+F
N: 48
48
41
36
14
Grouping by Basic Sexual Object Choice

Figure 13.

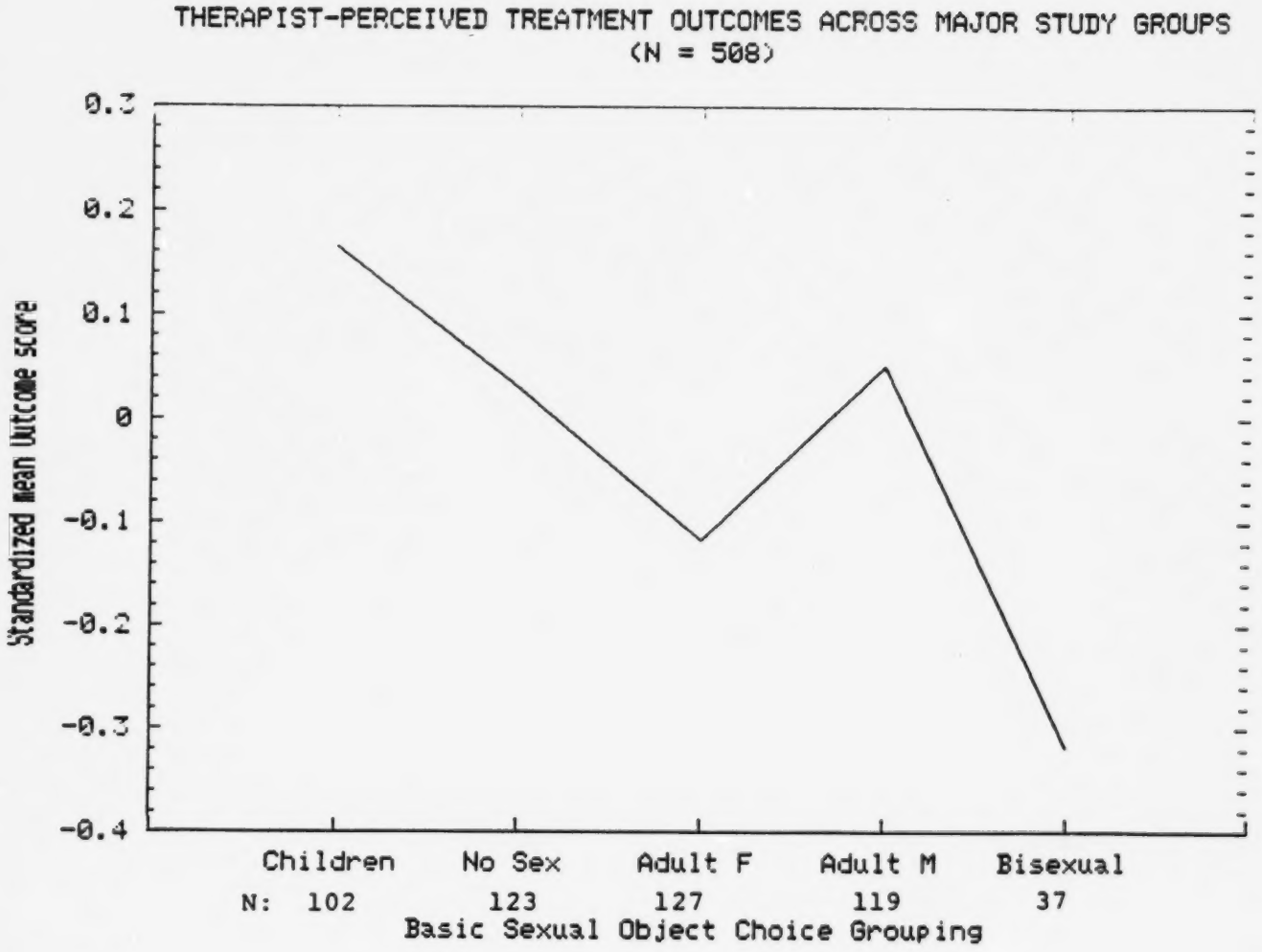
THERAPIST-PERCEIVED TREATMENT OUTCOMES ACROSS MAJOR STUDY GROUPS
(N = 508)
Standardized mean Outcome score
0.3
0.2
0.1
0
-0.1
-0.2
-0.3
-0.4
Children
No Sex
Adult F
Adult M
Bisexual
N: 102
123
127
119
37
Basic Sexual Object Choice Grouping

Figure 14.